

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
DISPUTE RESOLUTION SERVICES**

Date	Time	Dept.	<i>FOR COURT USE ONLY</i>
Case Number			
Case Title			

You have been referred to Family Mediation Services to meet with a mediator who is trained to help you prepare a parenting plan. The mediator's responsibility is to:

- Assist parents in reaching an agreement that serves the best interests of the children and provides for frequent and continuing contact with both parents.
- Help the parents communicate about their children and reduce hostility.

The court believes that it is in the best interests of all if the parents can remain in control of the decisions made regarding their children. Family Code 3171 spells out several provisions relating to mediation. In the event you and the other parent are unable to agree on a parenting plan, the mediator is required to make a recommendation to the Judge. The Judge may or may not choose to follow this plan.

It is in the best interests of children to have parents agree and cooperate. The children win if the parents cooperate, share, communicate and listen to the needs of the children. The children lose if the parents prolong the conflict, belittle each other and make it difficult for the children to love and be with both parents.

HISTORY OF DOMESTIC VIOLENCE

Has there been a history of domestic violence between you and the other parent? ☐ YES ☐ NO
Is there a domestic violence restraining order in effect? ☐ YES ☐ NO

If yes, the California Family Code 3181 and 6303 states the mediator appointed shall meet with the parties separately and at separate times and you have the right to have a support person during the mediation session, at the discretion of the mediator, if a court has issued a protection order in your case.

- ☐ I am willing to meet with the other party in the presence of the mediator.
- ☐ I am requesting to meet separately with the mediator for my appointment.

I declare under the penalty of perjury that there is a history of domestic violence in my case and that I have been a victim of this violence.

SIGNATURE

DATE

Superior Court of California, County of Riverside, Mediation Services

CASE NUMBER	TODAY'S DATE	HEARING DATE

Your relationship to the children: <input type="checkbox"/> Mother <input type="checkbox"/> Father Other	Race/Ethnicity:	Are you Spanish speaking only? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Name: _____ Age: _____ Date of Birth: _____

SSN: _____ Driver's License/CA ID: _____ Exp.: _____

Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Alternate Phone: _____

Attorney: Attorney's Address: _____ STREET CITY STATE ZIP CODE	Phone: _____
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CURRENT RELATIONSHIP (If applicable) <input type="checkbox"/> Married <input type="checkbox"/> Living Together

Name: _____ Age: _____ Date of Birth: _____

SSN: _____ Driver's License/CA ID: _____ Exp.: _____

OTHER ADULT MEMBERS OF THE HOUSEHOLD

Name	Relationship	DOB	SS#	Driver's License/CA ID

Have any of the above been arrested or charged with a crime? If yes, please explain and provide dates.

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PARENT'S EMPLOYMENT INFORMATION

Name of Employer:

Phone:

Address of Employer:

STREET

CITY

STATE

ZIP CODE

Present Occupation:

Length of Employment:

Work Schedule:

Days Off:

Parent's highest level of schooling completed:

PARENT'S INFORMATION

Parent's Education (circle one):

- ☐ HS or less
☐ Some College
☐ Undergraduate Degree
☐ Graduate Degree
☐ Post graduate degree

Do you have any physical problems? If yes, please explain:

Are you taking any medications?

Are you or the other parent receiving any counseling/mental health services?

Are you or the other parent taking any psychiatric medications?

Have you or the other parent been hospitalized or treated for mental illness?

Was alcohol and/or drugs a problem in your relationship?

Have there been any incidents of physical violence in the family or history of abuse?

Have you or the other parent ever been arrested or charged with a crime?

CHILDREN INVOLVED IN THIS COURT CASE

Name	M/F	DOB	Lives With	School	Grade

OTHER CHILDREN IN YOUR HOME NOT INVOLVED IN THIS COURT CASE

Name	M/F	DOB	Parent's Name	School	Grade

CHILDREN'S INFORMATION

Does your child have any special educational, medical, or emotional needs? If yes, please explain:

Have any of the children had any treatment/hospitalizations due to a medical condition?

Have any of the children had any treatment/hospitalizations due to a mental health condition?

Have you ever had a case or been to another court regarding the children?

Have there ever been any reports or referrals to Child Protective Services?

PARENTING PLAN

Please explain how you have been sharing the children since the separation/divorce.

In what way do you want to change the current plan?

- ☐ change of physical custody
- ☐ more time with the children for yourself
- ☐ more time with the children for the other parent
- ☐ maintain the current plan as it is
- ☐ supervise visitation

Briefly state the best custody and visitation plan for your children: